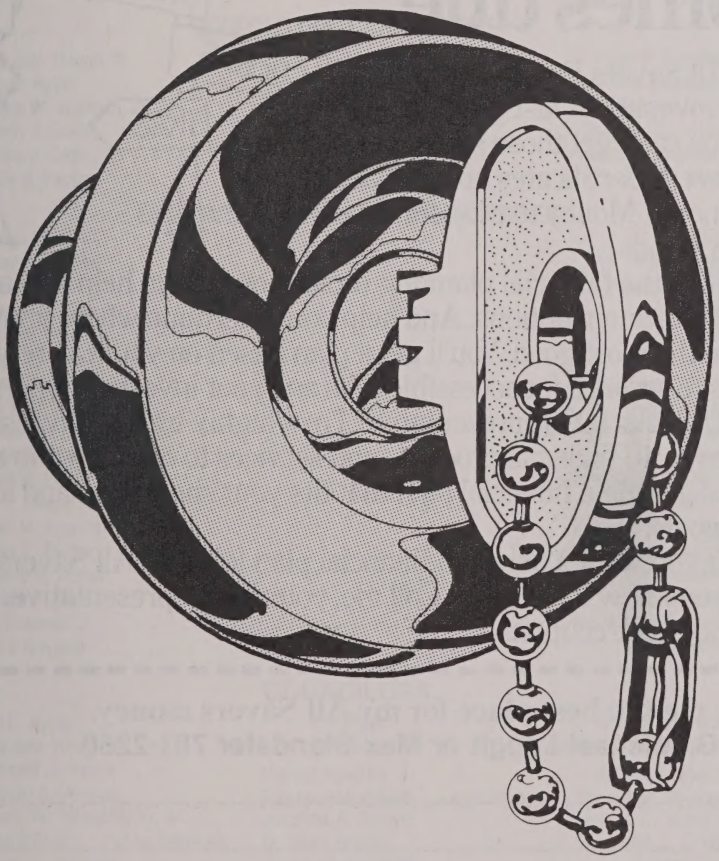
# The Hampden Hippocrat

Nov. 1982



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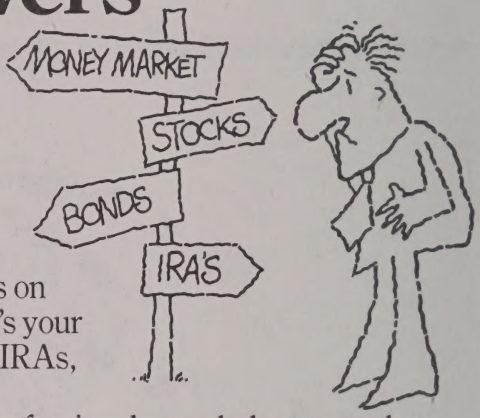


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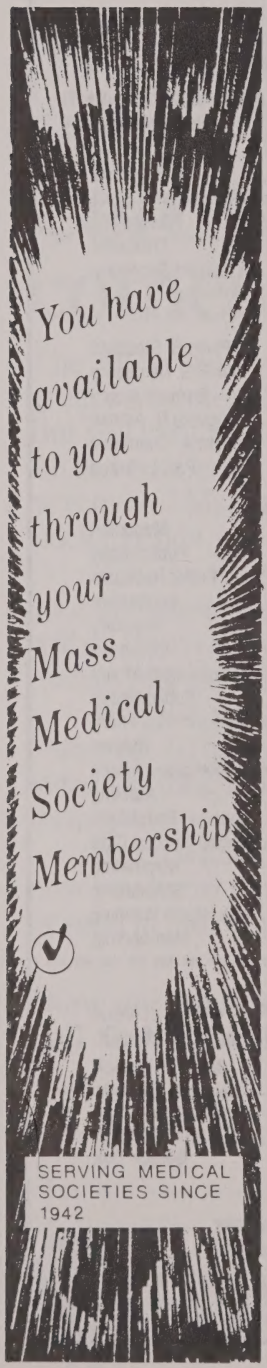


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NOVEMBER 1982 VOL. XXXX NO. 9

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The official bulletin
for The Hampden District
of the Massachusetts
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Founded in 1942 by
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William A.R. Chapin, M.D.

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THE HAMPDEN HIPPOCRAT IS PUBLISHED MONTHLY EXCEPT FOR JULY AND AUGUST.
THE OPINIONS EXPRESSED IN THIS BULLETIN ARE THOSE OF THE WRITERS AND DO NOT REFLECT THE OFFICIAL VIEWPOINT OF THE HAMPDEN DISTRICT MEDICAL SOCIETY UNLESS SO STATED.
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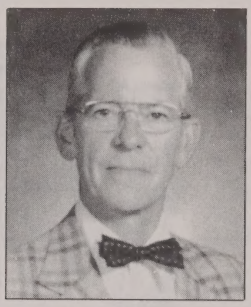

# PRESIDENT'S PAGE

Garry deN. Hough, III, M.D.
President

You are looking at something novel in the Hampden Hippocrat, an issue on investments. With the usual demurrer that this does not represent the official position of the society, etc., we hope you will consider this as another membership service. This issue is also being sent to non-members in Hampden District. They will receive a membership application, together with my June President's Page so that I do not have to repeat the advantages of medical society membership to those currently in the fold.

I would like to remind H.D.M.S. members that if all non-members in the district could be enrolled, annual dues would decrease about 20%. Membership solicitation can help you, too.

Another new membership service is the creation of an MMS in-house legal counsel, Ms. Kathleen Curtis. She is available for legal assistance on matters of common concern through the H.D.M.S. office.

One such request has already been forwarded from Hampden. Your society continues to solicit new programs to assist members.

In the past month, an important change has begun in the delivery of health care in Massachusetts. Originally known as S495 it has become Chapter 372 and is in effect now that a federal Medicare waiver has been granted. For at least the next three years, the hospitals of Massachusetts will operate on a prospective financial basis instead of the cost-plus financing of the past 20 years. Some of us feel that this change is long overdue. The MMS had a strong hand in shaping and promoting the final legislation.

This new law greatly increases the need for physicians to act collectively to protect themselves and their patients during the changes it will initiate. Others have stated that Chapter 372 has "great potential for producing conflict between hospitals and their medical staffs." Trustees are going to be able to apply fiscal constraints without the obfuscation of the "cost vs. charges" game. The need for medical input into these decisions is recognized by many administrators, but not necessarily all. The implications are staggering. □

# Highlights of the October Executive Committee

Dr. Hough called the meeting to order at 7:45 P.M.

Present were Drs. Hough, Walthall, Remsberg, Pacosa, Guardione and Mrs. Purdy.

The minutes of the September meeting were amended with one correction and then approved by the members.

Mrs. Purdy reported that there were four new membrs of the HDMS since last months meeting making a total of 629.

No appointment has been made as yet to replace Dr. Miller as Nominating Councilor.

The report of the Committee on the Library and Education was read and approved.

An up-to-date report on the Business/ Medicine Coalition was given by Dr. Hough. A Seminar for Businessmen will be held on October 26, 1982.

The Membership Committee report was discussed by the committee. An overrun of the November issue will be sent to non members of HDMS with application blanks enclosed and information about belonging to the society given to these persons.

The report of the Public Health Committee was read.

The Scholarship has met and decided on scholarships which will be printed in the future issue of the Hampden Hippocrat. An increase from $5.00 to $10.00 has been asked by the committee. This will be considered at the budget report in December.

Mrs. Rich's report was read as informational.

The meeting was adjourned at 9:30 P.M. □

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# Investment Strategies for the Eighties

by Robert A. Levitt, CLU

Mr. Levitt and his associate F. Vincent Britt are Service Representatives with Physicians Planning Service Corp. in East Longmeadow, Massachusetts. Mr. Levitt is a Chartered Life Underwriter and both specialize in financial planning for physicians, dentist and doctors-in-training.

Investment strategies that were highly effective during earlier decades are largely inappropriate for the unique financial challenges of the 1980's. Taxpayers must reevaluate their current investment activities and revise the ways in which they invest or shelter their earnings, in light of the two recently enacted landmark tax acts — the Economic Recovery Act of 1981 (ERTA) and the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA).

High income earners, especially doctors whose practices are incorporated, will be among those affected most by the new legislation. The Acts raise many questions about the viability of professional corporations, the manner in which a doctor can properly plan for retirement and the role tax oreinted investments will play in the future. A physician who wishes to make the most of his or her hard-earned dollars during this "brave new world" of investment planning should rely on an expert with considerable experience assisting similar medical professionals. A brief, and implicitly limited, discussion of the impact of major provisions of ERTA and TEFRA is presented here so that you may more knowledgeably discuss your investment strategies with your advisor.

## TOP TAX RATE REDUCED

A major provision of ERTA that is of great significance to high income earners is the reduction of the top individual income tax rate to 50%, beginning in 1982. This relief from higher tax brackets (rates as high as 70% were imposed in the past) is good news, but the 50% tax rate is still burdensome. By definition, half of all income taxed at that rate is paid as taxes. Therefore, tax savings and tax deferral methods continue to be valuable to high earners.

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## CORPORATE RETIREMENT PLANS

Qualified corporate retirement plans have made generous tax deferrals available to doctors with incorporated practices over the years. Beginning in 1983, when the major provisions of TEFRA go into effect, corporate plan limits will be sharply reduced. Eventually, the retirement benefits available under corporate plans will closely resemble those available under Keogh (HR-10) Plans for the unicorporated self-employed.

Under current law and effective through tax year 1982, the limit for qualified defined contribution plans (corporate profit-sharing and money-purchase plans) is $45,475, if that amount is not in excess of 25% of annual compensation. In 1983, that limit will be reduced to $30,000. The current limit for defined benefit plans (qualified corporate plans) is $136,425, providing this amount does not exceed 100% of annual compensation. In 1983, the limit will be reduced to $90,000. In addition, for those with combination plans, the current allowable percentage of 140% of the maximum available dollar limit under a single plan will be reduced to 125%. These corporate retirement plan limits will be frozen until 1986, when adjustments for inflation will begin.

Beginning in 1984, Keogh (HR-10) Plan limits will be increased. The lesser of $30,000 or 20% of annual earnings will apply to defined contribution Keoghs and the lesser of $90,000 or 100% of annual earnings will apply to defined benefits as Keoghs. As a result, Keogh Plans will virtually become as attractive as corporate plans.

Further restrictions are provided beginning in 1983 under TEFRA. Special rules will restrict qualified corporate plans that are considered "top-heavy," those that benefit certain key employees. These rules will sharply decrease the amount of plan benefits or contributions that can be allocated to certain participants over other participants, considerably changing the current definition of discriminatory practices. Top-heavy plans will be required, in many cases, to provide minimum benefits or contributions on behalf of lower earning employees and provide more rapid vesting.

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Additionally, the IRS will be empowered to determine whether a corporation was formed solely to take advantage of tax benefits and, in some instances, corporate status can be disallowed. Doctors, for example, who are already incorporated have two years (1983 and 1984) to reevaluate the reasons for incorporating and act, if necessary, to dissolve their corporations. Whether or not you decide to dissolve your corporation, you will obviously be unable to defer the large dollar amounts you can currently defer through corporate plans. There are, however, other tax savings and investment strategies available. A small portion of your taxable income, for example can be sheltered in an Individual Retirement Account, which can now be opened by anyone, even participants in other plans.

## CAPITAL GAINS TAX TREATMENT

One option that you may want to consider as one of your investment strategies is to invest in real estate or other assets which are eligible for favorable capital gains tax treatment at the time of sale if held for one year or longer. Under ERTA, the maximum capital gains tax rate was permanently reduced from an effective rate of 26% to 20%. Long-term capital gains are worth considering, since this reduced rate has not changed under TEFRA. However, under TEFRA, for property sold after tax year 1982, certain restrictions apply to the portion of a gain that is eligible for capital gains tax treatment. For current assets that will have been held for one year or more by the end of 1982, the previous unhindered capital gains tax rules will apply to sales made by December 31st.

## INVESTMENT TAX CREDIT

The Investment Tax Credit available for certain qualified property under ERTA has been reduced slightly under TEFRA. For 3-year cost recovery property, an ITC of 6% is provided under ERTA and for 5-year property, a 10% ITC is provided, for equipment or machinery purchased and placed in service in 1982. This full ITC rate is available until December 31, 1982, so you should consider making such purchases by that date. If such purchases are economically unfeasible or unnecessary now, keep the ITC in mind for later years, since even after 1982, a substantial portion of that ITC will be available.

## TAX ORIENTED INVESTMENTS

The reduction in corporate retirement plan limits — as well as the still high 50% maximum tax rate, restrictions on capital gains and the Investment Tax Credit, and many other provisions of ERTA and TEFRA — will cause many doctors to seek new avenues of tax relief during the 1980's. Tax oriented investments may prove to be more attractive than ever to many doctors. Before your consider tax oriented investments, however, there are a few important facts you should know.

Tax oriented investments, sometimes simply called "tax shelters," are usually business ventures in which limited partners risk their capital and are rewarded for taking the risk with favorable tax treatment, "write-offs" or other means of saving taxes. The more interesting tax oriented investments include real estate, oil and gas exploration and Thoroughbred horsebreeding. These three vehicles are often attractive because they have the potential to produce sizeable profits.

It is important to realize, however, that the reason tax oriented investments are permitted is not to enable affluent people to reduce their tax liability. Rather, they are allowed so that taxpayers are encouraged to invest in relatively high-risk areas of the economy that are considered socially or culturally beneficial. In short, real estate must be developed, oil and gas must be discovered and Thoroughbred horses must be raised — and all require investment capital to survive. The products (and profits) of such efforts serve to boost the nation's economy, in general, and government treasuries, in particular.

There is only one certain way to reduce the risks of investing in tax oriented investments. That is by relying on professionals who know how to select a venture for its economic merits, who know the proper questions to ask those making the offering and know how to select a reputable sponsor with a proven track record.

To implement proper investment strategies for the '80s you must take the first proper strategic action yourself — seek financial advice from an expert who has considerable experience with doctors like yourself. If you rely on a sound financial advisor who understands the impact of both ERTA and TEFRA for your particular situation and who has the ability to guide you soundly when it comes to making particular investment decisions you have the opportunity to develop investment strategies that will serve you well during the '80s and many years beyond. □

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# THEN AND NOW

Recently I was asked by a physician member to look in the early issues of the Hampden Hippocrat for some information that he needed for a project that he is compiling on the History of Springfield medicine.

As I browsed through the 1945-1952 pamphlets (they were only eight pages long at that time) I became fascinated with the articles and found myself not just browsing but reading interesting articles written by MEMBERS. To quote one short article:

"THE HIPPOCRAT, four issues a year, costs the HDMS about $150 net yearly. Our advertisers are few and noteworthy for that reason. The magazine seems to be well read. A county society only needs three or four contributing interested members, and in a small (500) society the issue can well be handled from a doctor's office.

It should never be a one man show, however, and most certainly our readers can put on paper and send to the HIPPOCRAT office their impressions of medical practice and some ideas thereof, just as easily as they can talk it over two at a time in coatrooms."

Of course with only eight pages and a few advertisers, one physician member could fill a page easily. Today the Hampden Hippocrat is 32 - 36 pages depending on how many ads are used. The membership is 629. Today there are very few contributions by physicians members other than the President's Page. Recently the Chairman of the Publications Committee, Dr. Pacosa sent out a notice to Editors and members of the Publications Committee asking for "constructive criticism", for ideas for articles and asked all of them, eleven in all, to contribute an article. There were NO REPLIES.

And so it goes — 1950 — today — 1982, thirty two years difference.. The only difference is that the HDMS has a staff of two, an Exe cutive Secretary and a Secretary. The issues have increased over the years but as seen in this issue on membership your input is needed today as it was then. ALL MEMBERS SHOULD PARTICIPATE! IT IS YOUR MEDICAL SOCIETY! □

VIVIAN M. PURDY, Managing Editor
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# A Welcome to the New Members

To our colleagues who joined this year the Hampden District Medical Society: Welcome and now...to work!

In the thought of Aristotle man is defined as a political animal. We cannot afford, as physicians, not to be political animals, particularly now. The sweeping ideological and economical phenomena we are observing today are powerful influences on the medical and paramedical world. Only a fatuous optimist can believe that the next decade augur well for the U.S. health care system. The dollar crunch is on and it will worsen. In a period of increased stress and strain the objective of our Society should be to keep the essentials of the system intact: a high level of professional education, strong research and quality services. To this effect local policies should be formulated within each medical district and forwarded for constructive strategies to State and National level. It will be apparent to you in a short time that you do not belong to a Society limited to social affairs or petty local or personal griefs. As much as these things are not neglected, the main activity rests in other commitments. Which ones? Our defense, to just mention one. Not defense of prerogatives mind, but of the right for ourselves to speak for assuring the most qualified medical care to the community in which we serve. We urge therefore that you as well as our older members, consider the Socity as the place to outlay your comments on anything that in your opinion infringes or attempts to scale down the splendid level of medical coverage provided to all citizens in our community.

What else? Ideas! Medical Societies are not and should not be only passive entities responding to exogenous stimulations. Plans and policies for the future should be actively formulated in our sessions

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and once locally accepted, pushed forward to Boston or Chicago with strength and passion. Hence we urge you to express verbally or in writing any constructive idea on any subject which directly or not involves medical care in the broadest sense.

As you quickly read along the number of committees active in our Society we urge you to contact directly either the chairman or any of the responsible members for any concern, but also for any idea you may generate out of your daily activities. If you think that suggestions or opinions do not pertain to any of the available committees then contact your President and express yourself. You will be heard, and if you wish, put to work for the implementation of anything considered constructive and positive for the Society and its members.

By definition we are not a union, and, in a way we refuse the unionistic approach for solution of problems. Still we are united by an indestructible bond, the Hippocratic oath, so while your compassions and skills should be devoted to your patients, your hospitals and your specialty Colleges, we expect that your political energy be devoted to your medical Society.

Don't think that your words will get lost; ours is the second strongest medical district in Massachusetts, and indeed we are heard. □

FRANCO NAVAZIO, M.D.
Chairman, Membership Committee

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# MEMBERSHIP COMMITTEE

The Membership Committee met on Tuesday, October 12, 1982.

Present were Drs. Ryan, Navazio, Walthall, Borghensan, Agana and Mrs. Purdy.

Dr. Navazio expressed concern about why members have dropped out of the Society. On talking with some they said 1. They feel the Society is too social, 2. The Society does nothing, 3. Poor visibility not here to give information.

It was decided that we have an overrun of the November issue which will be on investments and send it to non members. It was suggested that an application to join be enclosed with an article by Dr. Navazio. JOIN NOW AND JOIN US AT THE DISTRICT MEETING IN JANUARY, 1983 at the Marriott. Dr. Navazio will write an article for the November issue.

Dr. Navazio will attend the Academy of Medicine meeting at Providence Hospital on October 25, 1982 and talk to the physicians present to encourage to join.

The staff at Hampden will go through the AMA list and assign committee physicians to contact these new physicians to encourage membership.

Dr. Chorowski has resigned from the committee as he wishes to be active on the Public Health Committee. □

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Many people are avoiding real estate because of high interest rates, low level of housing starts, lack of liquidity, and uncertainty about the economy. In real estate, as in the stock market, when one area suffers there are other sectors that do very well. Right now it is very difficult for much of the "baby boom" generation to purchase a home, so they are forced to rent. The individuals who own the rental property are experiencing low vacancy rates and increasing rental receipts (assuming no rent control).

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The second option is to purchase shares of a real estate investment trust (REIT). These trusts sell shares to the public and invest the proceeds in real estate or mortgages. The trusts cannot reinvest their earnings for growth so they try to make large profits by relying heavily on borrowed funds. The REIT's are normally either equity trusts or mortgage investment trusts. The equity trusts buy land and buildings for rental income and possible capital gains while the mortgage investment tursts make long-term mortgage loans and intermediate - and short-term construction loans. If you become interested in purchasing shares of an REIT, you should investigate the history of the fund and its managers as the performance of many REIT's has been volatile.

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The real estate market offers the opportunity for significant investment returns if the original investment is well thought out and properly put together. A prudent investor should consider both the advantages and disadvantages before purchasing any type of real estate. Because of the various alternatives available, you should consult with your advisors before making an investment in real estate. □

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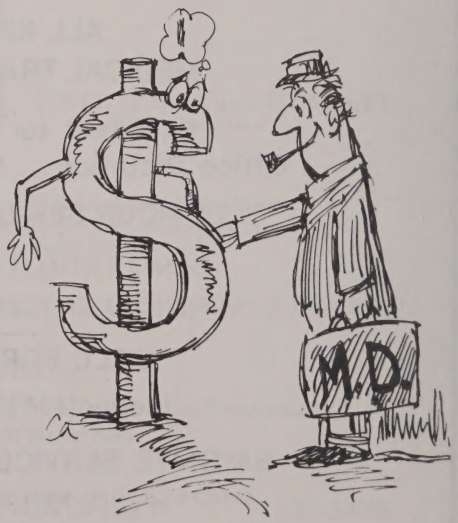

# Continuing Medical Education Program

| | |
|---|---|
| SPEAKER: | Melvin E. Clouse, M.D. |
| SUBJECT: | "Invasive Radiology" |
| DATE: | December 13, 1982 |
| WHERE: | Providence Hospital |
| TIME: | 7:30 P.M. |
| CME CREDIT: | 2 Hours Category 1, Springfield Academy of Medicine |

Dr. Clouse is associate professor of clinical radiology at HMS and chairman of the department of radiology at New England Deaconess Hospital.

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# Highlights of the District Meeting

The first meeting of the membership for the year 1982-1983 was held on Tuesday, September 28, 1982 at Sheraton Inn - West Springfield. There were 100 members and guests present.

Dr. Hough, President called the meeting to order at 6:15 P.M.

Dr. Walthall, Secretary read the minutes of the Annual Meeting of Tuesday, April 27, 1982. These were approved as read.

Dr. Siragusa, Executive Councilor, gave his report on the Executive Committee meeting of the Massachusetts Medical Society held on Wednesday, September 15, 1982. He reported that the New England Journal of Medicine building in Waltham will be opened soon and the MMS will move its offices from The Fenway to the new building.

Dr. Hough reported that a questionnaire had been mailed out from Dr. Wadman, President of the MMS regarding Blue Shield relations with physicians.

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Dr. Hough reminded the society of the Lukan-Lee Amendment due to be voted upon in Congress. The Society opposes the Broyhill opposition to the Lukan-Lee Amendment. Mrs. Purdy reported that HDMS has sent the largest number of mailograms regarding this amendment.

Dr. Shah, Chairman of the Committee on Education and the Library, gave his report. Mrs. Martin has resigned. Mrs. Stoler and Mrs. Burkin have assumed charge of the library. Educational programs are planned for the second Monday each month. A 10% discount is available to physicians when ordering books through the library.

Dr. Hough reported on the efforts to form a Medicine/ Business Coalition. An ad hoc committee has been formed for such a coalition with Drs. Stoddard, Mozden, Baker, Mills, Siragusa, Smith, Flahive and Thomas serving on the committee. A cost containment seminar is planned for October 26, 1982 for business and medical persons. A motion was made, seconded and passed that the HDMS participate in the Greater Springfield Health Care Coalition Seminar.

The business meeting was adjourned for the social hour and dinner.

Dr. Hough introduced the head table and members of the Auxiliary and members of the Health Care Coalition.

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Dr. James Todd from New Jersey, a member of the Board of Trustees from the American Medical Association was introduced as the guest speaker. He supports Business/ Medicine Coalitions. He said medical costs can be reduced only if the American public changes its "mind set" toward health care. "Health Care costs are everybody's concern." Costs will keep going up due to the ravages of inflation, explosion of technology and greater demand for services. The increase in demand stems from labor contracts that give workers more comprehensive insurance and from a general aging of the populations. Older people use a disproportionately larger amount of the nation's medical services. Paying higher medical costs gives the public better emergency care, longer life spans and an improved quality of life, he said. "The ultimate economy in health care is death."

Dr. Todd has promised to write an article for the Hampden Hippocrat on the subject and this will inform the entire membership of his talk. The meeting was adjourned at 9:25 P.M. □

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# Public Health Committee

The Public Health Committee met on Tuesday, October 12, 1982 in the Conference Room of the Hampden District Medical Society. Present were Drs. Stagg, Pacosa, Ayres, Krucynska, Walthall, Ryan, Mr. Jerry Mogul and Mrs. Purdy.

Previous to the meeting Dr. Ayres, Dr. Krucynska, Dr. Chorowski and Mrs. Purdy met to discuss the TAPPA Program. TAPPA meaning Teenage Pregnancy and Prevention Alliance.

Dr. Chorowski asked if a Sexuality program could be introduced to the Teachers Convention for the year of 1983. Dr. Ayres will look into this with the advice of Mr. Monte Flagg, Supervisor of Health Instruction in the Public School system.

Three areas were suggested by Dr. Ayres for using TAPPA for the future. 1. Sponsor and support training for teachers. 2. Volunteers — classroom teaching. 3. Public Support and the Media. TAPPA will write and present a resolution to the Public Health Committee to be in turn given to the Executive Committee and presented to the entire membership in January. The agencies belonging to TAPPA are attach-

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ed to this report. TAPPA'S goals are also listed but will be further given in the resolution to be made.

The regular meeting of the Public Health Committee convened. Dr. Stagg chaired the meeting in the absence of Dr. DiGiacomo.

Dr. Ayres gave a report to the members present of the meeting held just prior to this meeting.

He gave the program as outlined for the Teacher's Conventin being held on Friday, October 15, 1982 at the Rodeway Inn. The H.D.M.S. members participating in the program and Drs. Fingeroth and Willcutts. Drs. Ayres and Pacosa will be attending the convention.

Dr. Ayres then spoke about (b) on the agenda Sexuality. As mentioned above at that meeting the history, goals and objectives of TAPPA will be given to the H.D.M.S. A second recommendation will be presented, asking the H.D.M.S. to join TAPPA. Dr. Stagg saw this as being two separate resolutions. All participants in this program are on a strictly volunteer basis.

Dr. Ayres introduced Mr. Jerry Mogul, Health Planner for Springfield who presented the subject of School and Children's Health Reorganization. Two typewritten planning reports were distributed. To those on the committees not present copies will be sent.

Other items, Helicopter Systems and TV and Radio programs will be discussed at the next meeting.

The meeting was adjourned at 1:15 P.M. □

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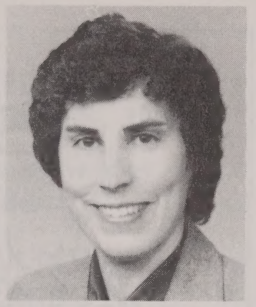

110 applications - 5 recipients. The paramedical aspirant today is more needy than ever since the interest rates on loans are so high and the government has cut back on loans. The Auxiliary to the Hampden District Medical Society has raised $58,000 for the Health Careers Scholarship Fund over the past 29 years. No longer are there added expenses of dinner, tuxedo rental, and babysitting fees. Your donation is a total tax deduction.

Each recipient in 1982 received $500 toward tuition. The Scholarship Committee has a struggle every year deciding who is the deserving and needy student. This dedicated committee must make the final choice of recipients based on academic excellence, financial need, and character. These students are all ages, on Welfare, widows raising families, or children of ailing heads of households. They are all trying to finish a degree in the paramedical field and they all work.

This campaign will end in one month. The committee needs to know the total amount it can work with for the coming year. We are grateful for your financial contribution. Thank you for your attention and for your donation to the Health Careers Scholarship Fund this year. □

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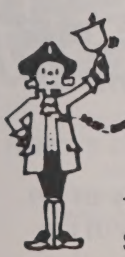

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# Letter to the Editor

October 12, 1982

Dear Vivian,

IN 1977 the American Lung Association first supported the issuance of Handicapped Persons (HP) license plates to those patients severely disabled by chronic lung disease. This action requires a change in Massachusetts General Law, Chapter 90, Section 2.

HP plate eligibility is designed to assist people with long-term mobility impairments. As such there is perhaps no single category of individuals more needy and deserving than people with advanced stages of chronic obstructive lung disease, such as emphysema. Chronic obstructive lung disease is a major public health problem, with an enormous impact on the economy; indeed, chronic obstructive lung disease ranks second only to coronary disease a a cause of permanent disability above the age of 40 years. Although lung disability is not as noticeable as the handicap categories now eligible for HP plates, the severely disabled lung patient is at a much greater disadvantage in regard to mobility. To such an individual, each breath involves a conscious effort: he—or she—is always short of breath and cannot walk more than a few feet without overexerting himself. Carry-

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ing bundles, walking up and down steps or hills consumes even more oxygen, which is already short in supply for individuals with obstructive lung disease.

Climate also adds to the problem. Our New England winters force damaged lungs to work even harder to bring inhaled air to the proper temperature and humidity. Many times the lungs cannot tolerate this addition to their workload, and the individual must further restrict the daily activities others take for granted. With HP license plates, however, a person with a severe respiratory disability would be entitled to easier access to buildings, and would spend less time compensating for inclement weather and struggling back and forth to feed parking meters. As a result, these handicapped individuals could function at a more self-sufficient level and could conceivably delay an early retirement. HP plates can allow severely diabled lung patients to remain active, productive, alert human beings.

The Lung Association urges the use of HP plates by only the most deserving and disabled, and therefore have suggested the severe disability of chronic lung disease be determined by a forced expiratory volume in one second ($FEV^1$) of less than one liter. This medical criteria has been used for 20 years by the Massachusetts Rehabilitation Commission for evaluating permanent disability claims. As such, we can be confident that this standard is recognized as a medically sound and valid test for determining severe impairment by respiratory disease.

Based on the claims reviewed by the Massachusetts Rehabilitation Commission, we can estimate that there are approximately 1,000 people in Massachusetts who are severely disabled by lung diseases, as determined by a $FEV^1$ of less than one liter. Many of these people have $FEV^1$s considerably lower than one liter and, because of such extremely limited mobility, will not be interested in HP license plates. With this in mind, we expect 300-400 residents would be eligible and interested in having HP plates due to a severely disabling chronic obstructive lung disease.

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In addition to the Lung Association's concern for improved mobility of severely disabled lung disease patients, the Massachusetts Thoracic Society wholeheartely supports this legislation, and the Massachusetts Society for Respiratory Therapy also concurs. The members of these two professional organizations deal with disabled lung patients on a day-to-day basis and realize how supportive HP plates would be to the rehabilitation of severely disabled lung patients.

We urge you to support and work towards the passage of legislation so that Massachusetts can be in the forefront of meeting the needs of severely handicapped lung patients, along with 15 other states where similar legislation has been in effect for some time. Maryland has had the same standard of eligibility for determining severely disabling chronic lung disease for three years without any resulting increase in cost or staff for its HP program. Though the Lung Association's efforts have not proven successful to date, the campaign for HP plates for chronic lung disease patients continues. Area physicians have written letters of support to the Department of Motor Vehicles as well as to the Massachusetts legislators. Respiratory patients in the Western Massachusetts area have written to their legislators. We urge the support of the Hampden District Medical Society membership to help the Lung Association in this effort. □

Sincerely yours,

Margo Goodnough
Program Consultant

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